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Early Psychosis Intervention & its Implications for Mental Health Counselors, Advocates & Supervisors

*Ryan Melton LPC
Early Assessment and Support Team
Clinical Supervisor*

Today's Presentation

- What is early psychosis intervention?
- Identification
- Prevention
- Intervention

Mission of the Early Assessment and Support Team (EAST)

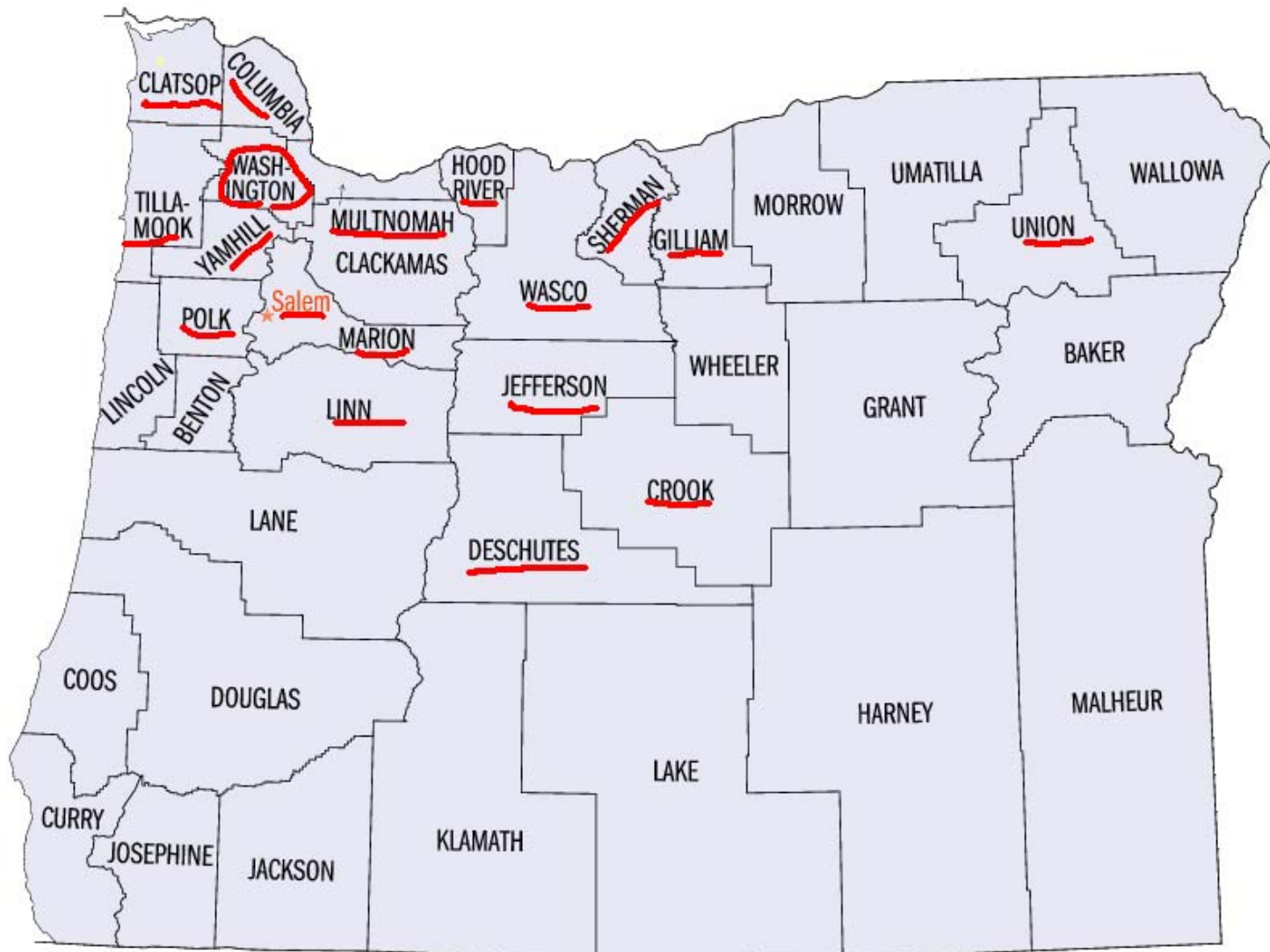
- Keep young people with the early signs of psychosis on their *normal life paths*, by:
 - Building community awareness and
 - Offering easily accessible, effective treatment and support
 - Network of educated community members & highly skilled clinicians
 - Most current evidence-based practices



Early Psychosis Programs

- First programs began around 1990
- Early psychosis intervention “standard of practice” in Australia, Great Britain, Canada, & Scandinavia
- Early psychosis intervention came to Oregon in 2001, with Mid-Valley Behavioral Care Network’s Early Assessment and Support Team (EAST)
- 2007 Oregon legislature allocated \$4.3 million to disseminate EAST; the Early Assessment and Support Alliance was created in 2008.
- 2010 California decides to use CIMH funds to implement statewide efforts.

Early Assessment and Support Alliance Counties 2010



EAST

- We serve Individuals who have had a first episode of schizophreniform or bipolar psychosis within the last 12 months
 - EAST provides earlier services to “high risk” individuals with symptoms that are not yet acute
- IQ over 70
- Referrals can come from anyone; insurance is not a barrier

EAST (continued)

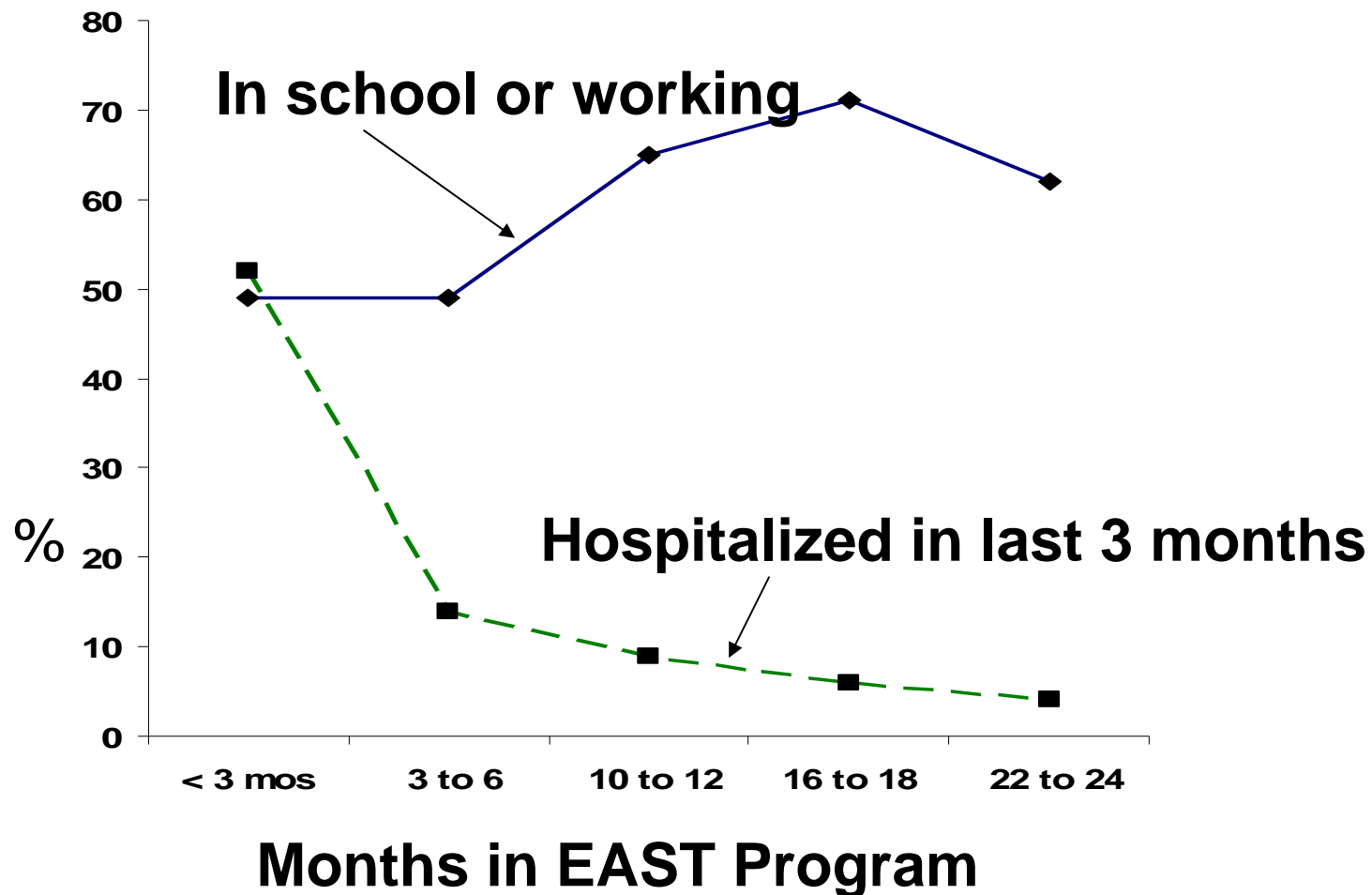
- We try to prevent the biopsychosocial consequences of major mental illness associated with psychotic disorders
- Why psychotic disorders?
 - WHO says bi-polar and schizophrenia are leading causes of disability worldwide
 - Early intervention has been shown to help reduce symptoms and reduce costs
 - One of the leading causes of disability

Since March 2001

- EAST:
 - 450 served
 - 1200 referred & assisted
 - 100+ currently in service
- EASA (non-EAST): Since 2007
 - 200 served
 - 500+ referred
 - 153 currently in service
- 74% symptom remission or only mild disruption by 1 year
- 95% maintain strong family support & involvement

Vocational & Hospital Outcomes prior to Service Enhancements

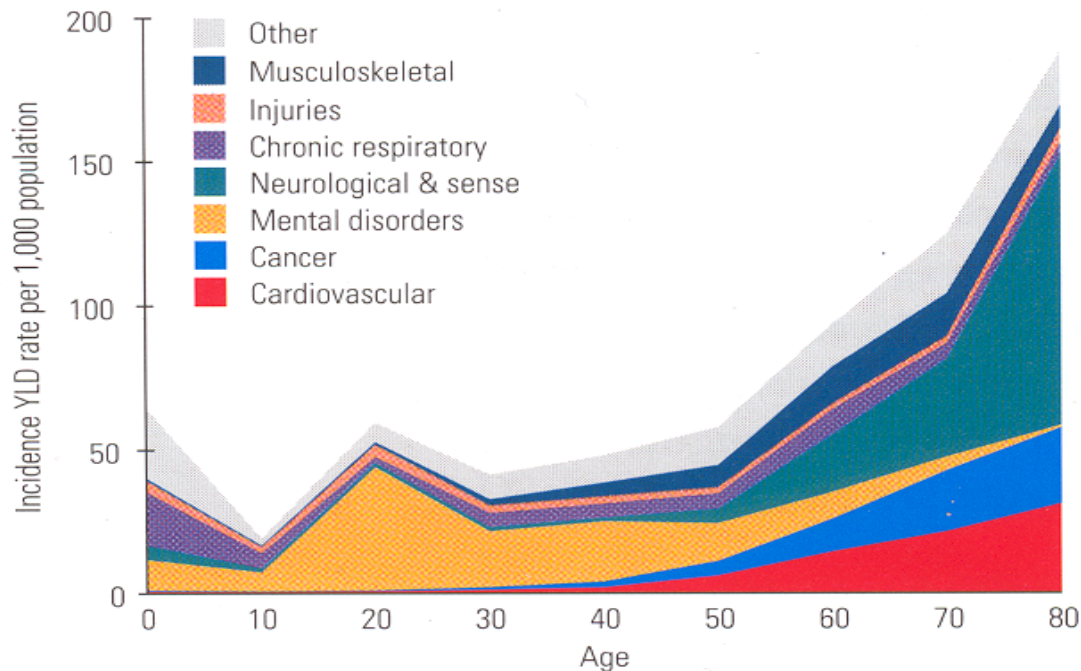
(Intensive Staffing Standards & Universal Access to SE)



Components of Prevention and Detection of Mental Illness

- Community Awareness
- Engagement
- Evidenced based developmentally appropriate treatment

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996

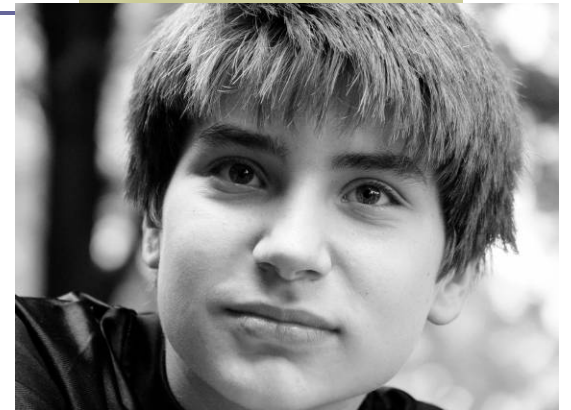


- Mental illness and substance use disorders account for 60% of the non-fatal burden of disease amongst young people aged 15-34 (Public Health Group 2005)
- 75% of mental health problems occur before the age of 25 (Kessler et al 2005)
- 14% of young people aged 12-17, and 27% of young people aged 18-24 experience a mental health problem in any 12 month period (Sawyer et al 2000, Andrews et al 1999)



Symptoms of Acute Psychosis

- ➔ Hallucinations
- ➔ Delusions
- ➔ Speech & movement problems
- ➔ Cognitive & sensory problems
- ➔ Inability to tell what is real from what is not real



Slide 12

TS4

Describe what each of these things mean; give examples

Tamara Sale, 3/24/2008

What is Psychosis?

- 3 in 100
- Usually starts in teens or early adulthood
- Devastating without the right help



Slide 13

TS5

This is lifetime prevalence for psychosis

Tamara Sale, 3/24/2008

West Salem High, 1620 students

49 likely to develop psychosis



Almost 1 in every classroom!

What Can Cause Psychosis?

- Genetic vulnerability
- Thyroid
- Frontal lobe epilepsy
- LOTS of medical conditions
- Schizophrenia
- Bipolar disorder
- Depression
- Anxiety disorder
- Steroids
- Stimulants
- Methamphetamine
- Brain tumors
- Sleep deprivation
- Severe stress
- Sensory deprivation
- And others....



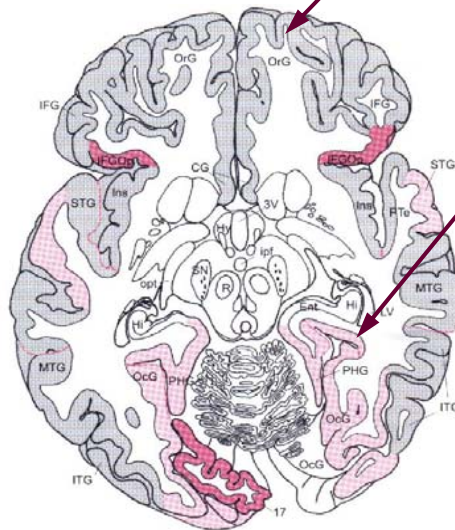
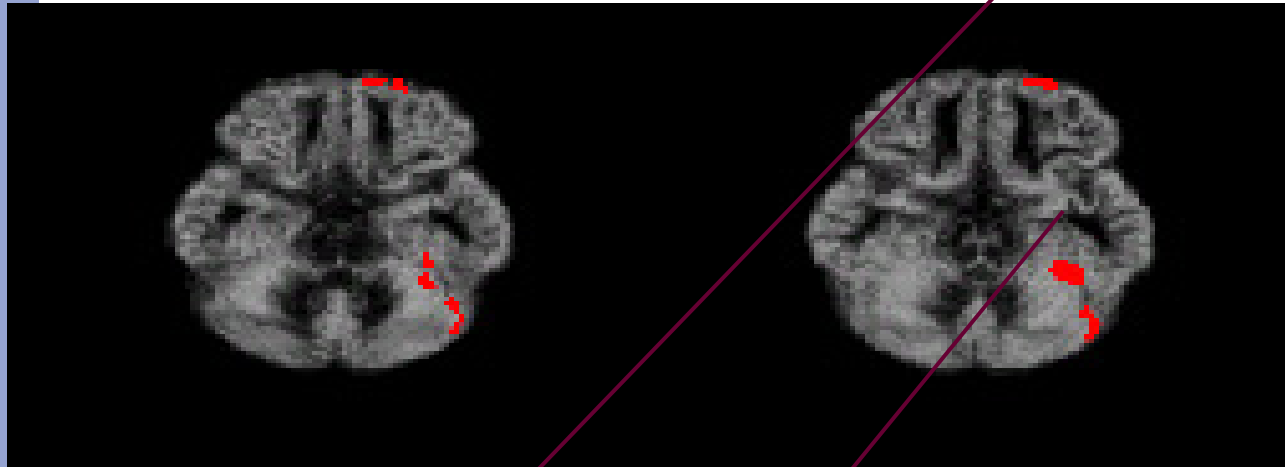
Slide 15

TS6

Goal here is to emphasize anyone can develop psychosis, many causes

Tamara Sale, 3/24/2008

MRI Changes from pre-psychotic -> psychosis



Section 7p:

17	striate cortex
3V	third ventricle
acer	anterior cerebral artery
CG	cingulate gyrus
cha	choroid artery
Ent	entorhinal cortex
Hi	hippocampal formation
Hy	hypothalamus
IFG	inferior frontal gyrus
IFGOp	inferior frontal gyrus, opercular part
Ins	insula
ipf	interpeduncular fossa
ITG	inferior temporal gyrus
LV	lateral ventricle
mcer	middle cerebral artery
MFG	middle frontal gyrus
MTG	middle temporal gyrus
OcG	occipital gyri
opt	optic tract
ORG	orbital gyri
pcer	posterior cerebral artery
PHG	parahippocampal gyrus
PTe	planum temporale
R	red nucleus
sca	superior cerebellar artery
SN	substantia nigra
STG	superior temporal gyrus

– Orbito-Frontal

– Medial & inferior temporal lobe

Pantelis et al
2003 Lancet

Why is early intervention so important?

- It's effective!!
- School success vs. failure & drop-out
- Self advocacy vs. inability to care for self
- Empowerment vs. trauma
- Family understanding vs. conflict
- Avoids self medication through drugs
- Reduces suicide risk!
- Reduces risk of accidental death or harm



- Keep identity in life versus forming around psychosis
- Insight still preserved
- Can use lower doses over shorter periods
- Better, faster recovery
- Cut symptom progression short
- Avoid homelessness
- Avoid legal involvement
- Avoid hospitalization
- Increased likelihood of keeping job & being successful adult

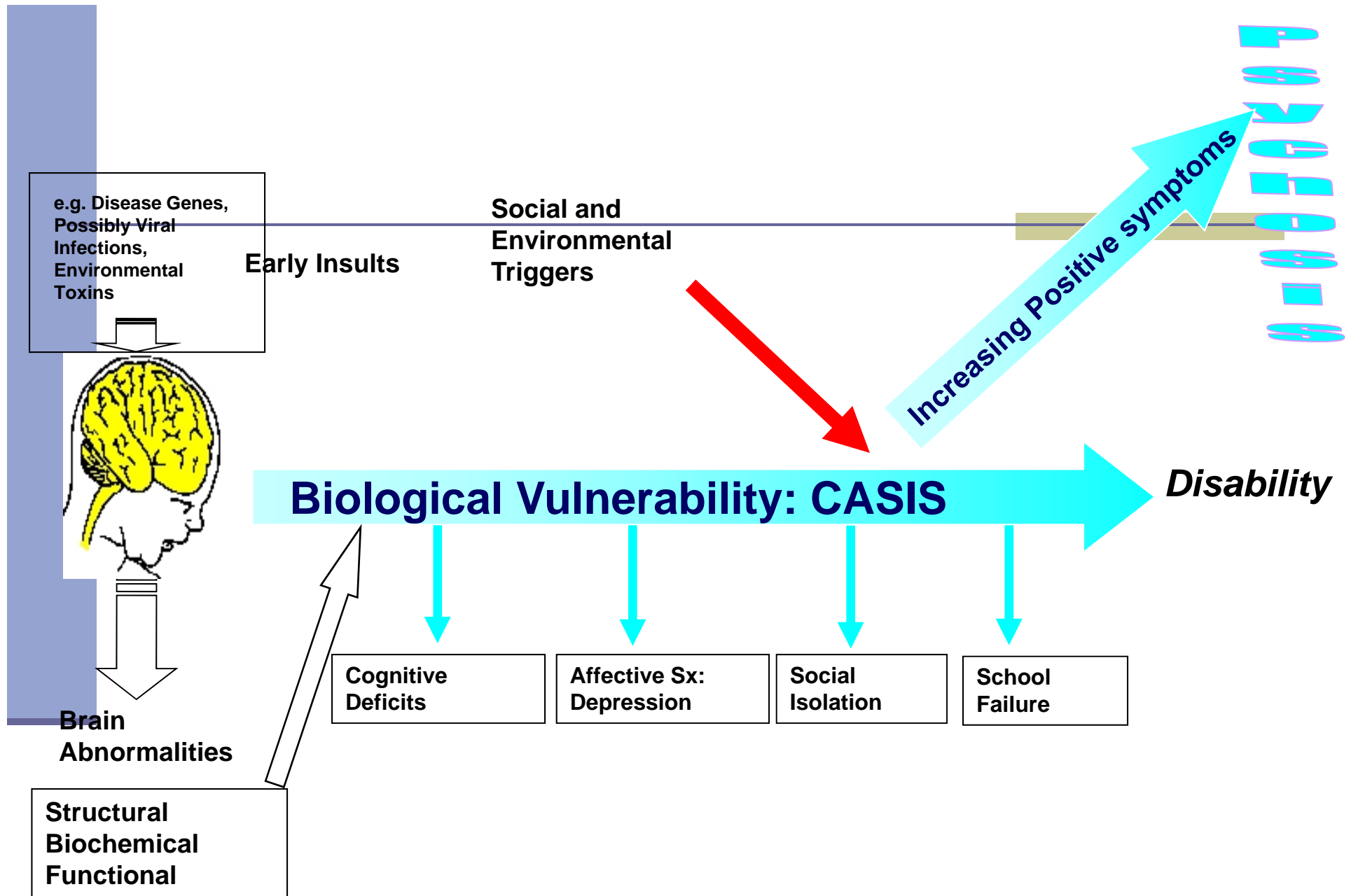
The Trauma of Late Intervention



Early intervention group



Late intervention group



Performance Changes to Watch For

- New trouble with:

- Reading or understanding complex sentences
- Speaking or understanding what others are saying
- Coordination in sports (passing ball, etc.)
- Attendance or grades



Behavior Changes

- Extreme fear for no apparent reason
- Uncharacteristic, bizarre actions, statements or beliefs
- Incoherent or bizarre writing
- Extreme social withdrawal
- Decline in appearance and hygiene
- Sleep (sleep reversal, sleeping all the time, not sleeping)
- Dramatic changes in eating



Perceptual Changes



- Fear others are trying to hurt them
- Heightened sensitivity to sights, sounds, smells or touch
- Statements like, “I think I’m going crazy” or “My brain is playing tricks on me”
- Hearing voices or sounds others don’t
- Visual changes (wavy lines, distorted faces, colors more intense)
- Feeling like someone else is putting thoughts in your brain or taking them out

Core Values of Engagement

- Hope & relationship are essential!
- The individual is the expert in his or her own experience of symptoms.
- Personal choice for the individual and family is paramount.
- Practitioners are not “experts” but collaborators.
- Respect

Typical Mental Health Assumptions

- You must be 100% compliant and 100% abstinent from illicit drugs.
- You must accept your illness and make the effort to attend your appointments.
- You must never work harder than your client.
- Close clients that do not show for appointments.
- A clear exit from the system is never a goal.
- Stability is the goal.
- You can lead a horse to water but you can't make them drink.
- Therapists should not do case management.
- Maintain strict boundaries with your client.
- Some people just can't be helped.
- Adults and Children should be in different systems.
- Families are a barrier to treatment.

I'M Sorry but you need to go back
through intake!



Engagement



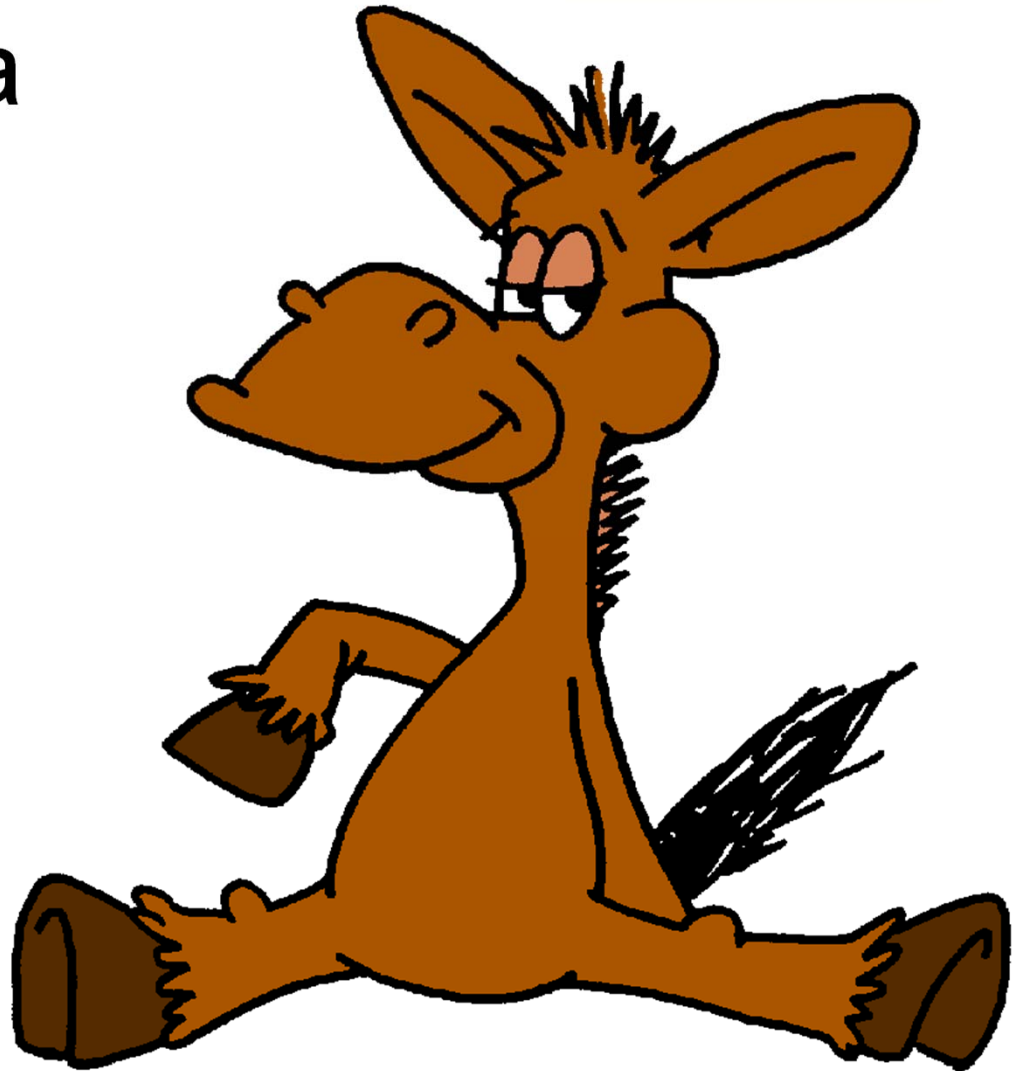
- Put person at ease.
- Meet in a location that is comfortable for the client.
- Not face-to-face but side-by-side.
- Use collaborative empiricism.
- Non-threatening body posture despite what is said
- Be flexible, active and helpful.
- Spend time socializing, focus on interests, especially those you have in common. Identify common ground or create it.
- Explain procedures & write things down with clear instructions.
- Worry about assessment at later time, it is recommended to gather information gradually and in the form of story telling (aids in memory and identifying negative cognitions and stigma.)
- Try to stay up on the times.

Do you know...

- The rift between Gaga and Perry?
- If you are typeractive?
- Team Edward vs. Team Jacob?
- How to interpret...
 - BRB
 - 831
 - PAW
 - BCNUL8R
 - ADIEM

Why Focus on Engagement?

- Anosognosia
- Stigma
- Side effects



Stigma in Media and Culture



“Real” People with Mental Illness

- Can you name any well-known people who have a mental illness?
 - Artist
 - President
 - Author
 - Actor
 - Nobel Prize Winner
 - Musician

Stigma and Discrimination

- Less access to health care & education. More likely to be singled out based on stigma that under estimate their abilities.
- Cannot ask for help without others assuming they will need help with everything.
- Can expect to pay more for cars, homes and furniture due to increased risk of being exploited or mislead.
- Less likely to be taken seriously and more likely to be treated like children or considered violent.
- More likely to segregated into living, education, work and sport programs, less likely to have access to accommodations necessary.

Family-aided Assertive Community Treatment (FACT):

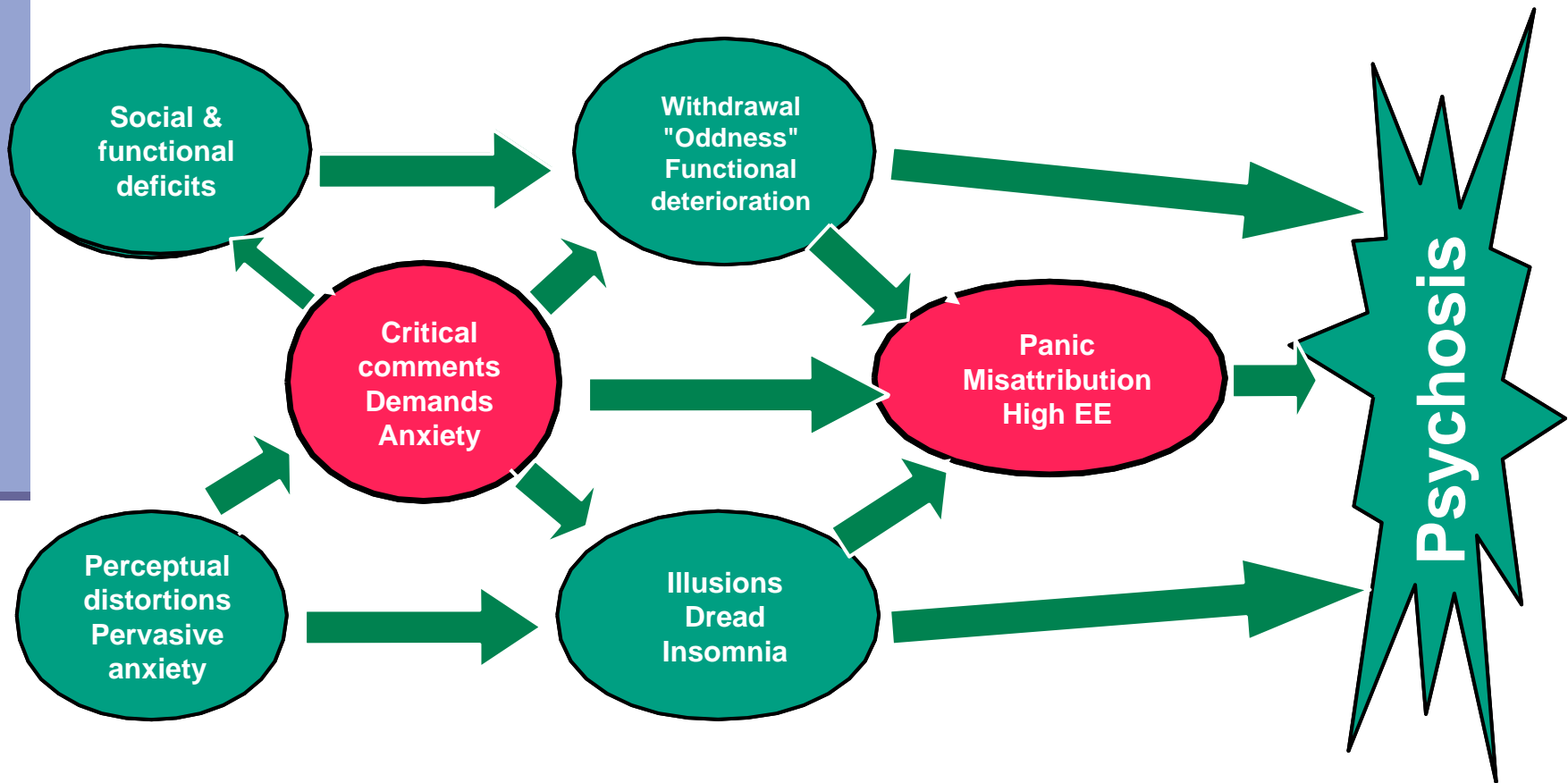
- Clinical and functional intervention:
 - Rapid, crisis-oriented initiation of treatment
 - Psycho-educational multifamily groups
 - Case management using key Assertive Community Treatment methods
 - Integrated, Trans-disciplinary team; outreach PRN; rapid response; continuous review, and accountability
 - Supported employment and education
 - Collaboration with schools, colleges and employers
 - Cognitive assessments, completed by OT used in school or job
 - Substance abuse treatment, as indicated
 - Counseling (CBT, Strength's based/solution focused)

Biosocial Causal Interactions in Symptom Development

Early signs

Late signs

Acute onset



In Short...

- Early on there is distress in family and social environments.
- The longer the symptoms last, the more we see a decrease in warmth, and a increase in protection, fusion, and rejection by both parents and the symptomatic family member.
- Counselor educators are at the forefront of getting this message to students!

Working together...

- The devastation caused by untreated psychosis will become less and less common.
- These young people will have a future as contributing, healthy members of society.
- Don't wait! If in doubt, call!
- Ryan Melton rmelton@eastcommunity.org
- www.Eastcommunity.org
[www.Oregon.gov/HDS/mentalhealth/
services/easa/main.shtml](http://www.Oregon.gov/HDS/mentalhealth/services/easa/main.shtml)



EAST

Early Assessment
& Support Team